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(Department, bureau, or establishment)				40	PAID BY					
oucher prepa	ared at		(Give place and date)		rel	10	•			
HE UNITED S			yee's Account No	CADO	245	35				
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0			(Payee)							:
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			ARTICLES OR SERVICE	s	 -		UNIT	PRICE	AMOUN	Γ
No. and Date of Order	Date of Delivery or Service	schedule, as	n, item number of contract and other information deen	ned necessary)	рріу	QUANTITY	Cost	Per	Dollars	Cts.
		Discount Terms		***						
		Cost							432	91
AYMENT:										
Complete			•							
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Final		<u>'</u>	e continuation sheet(s) if ne	Government l	Z/I No			Total	432	91
hipped from		to	Weight			yee must NO	T use this			
certify that the	above bill is correc	t and just and that p	ayment has not been receiv	ed.	Differe	nces				_
ST	ATINTL	(Sign original only	y)							-
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Date 2/13/5	8 *Payee	ruis continue to met required when	a like certificate is made by payee on at	sched bill or bills)	Ame	ount verified;	correct fo	ř _1_4/_	432	91
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	A-101	Date	Req. No.			Date		Invoice Rec'o	ł.	
		I certify that this acco	ount is correct and proper	for payment.						
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Ву			ADIAINI	Title						
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	ACCOL	INTING CLASSIFICA	TION (Appropriation Syn	bol must be sl	own; ot	her classifica	tion optic	nal)		
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Standard Form No. 1035a—Revised Form prescribed by Comptroller General, U. September Constroller Con

CONTINUATION SHEET

7	T REIMBUI	(Department, bureau, or establishment)	1	of Bure	eau Voucl	her No. 20	28
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule.	QUAN- TITY	UNIT PRICE		AMOUNT	
		(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		Cost	Per	Dollars	Cts.
				<u> </u>			
		Contract A-101 System III					
		Direct Costs Described Change					
		Direct Costs Properly Chargeable to Contract A-/0/ for Week Ending 2/9/58					
		2/9/58		STAT	NTL		
		Research & Development	Pı	oduct	ion	m.	otal
		The state of the s					1
Labor for	Week End	ing 2/ 9/58					
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